

2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90025 008 ****61.25

DOCUMENT # 762712

1. Entity Name

EAGLE CHASE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

3238 GOLDEN EAGLE LANE
SARASOTA FL 34231-7380

Mailing Address

3238 GOLDEN EAGLE LANE
SARASOTA FL 34231-7380

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2435804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, GEORGE
3224 GOLDEN EAGLE LANE
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SHERRILL, WILLIAM**
STREET ADDRESS **3220 GOLDEN EAGLE LA**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ Delete
NAME **DEERY, BRUCE**
STREET ADDRESS **3225 GOLDEN EAGLE LN**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☒ Delete
NAME **CARPER, JAN**
STREET ADDRESS **3217 GOLDEN EAGLE LN**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **TD** ☒ Delete
NAME **CARTER, ROBERT**
STREET ADDRESS **3237 GOLDEN EAGLE LN**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **JOAN Stuckey**
STREET ADDRESS **3210 Golden Eagle**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Stuckey **JOAN Stuckey**

1/20/04

921-0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #